

MASSACHUSETTS DEPARTMENT OF INDUSTRIAL ACCIDENTS

OFFICE OF EDUCATION AND VOCATIONAL REHABILITATION
REFERRAL FOR MANDATORY MEETINGS HELD UNDER G.L.c.152, § 30G

Please attach all pertinent medical and rehabilitation information;
and a copy of Lump Sum Narrative, if Applicable

CLAIMANT'S NAME _____ DIA BD# _____

ADDRESS _____ / _____ / _____
Street City State Zip

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DATE OF INJURY _____

INSURER NAME _____

Name of Adjuster _____

INSURER'S CLAIM NUMBER _____

ADDRESS _____ / _____ / _____
Street City State Zip

PHONE NUMBER _____

APPROVED VOC REHAB PROVIDER _____

REHABILITATION SPECIALIST _____

ADDRESS _____ / _____ / _____
Street City State Zip

PHONE NUMBER _____

CLAIMANT'S ATTORNEY _____

ATTORNEY FIRM _____

ADDRESS _____ / _____ / _____
Street City State Zip

PHONE NUMBER _____

HAS LIABILITY BEEN ESTABLISHED? **Yes** ☐ **No** ☐ **REFERRAL DATE** ____/____/____

HAVE ANY VOC REHAB SERVICES BEEN PROVIDED? **Yes** ☐ **No** ☐

IF YES, DESCRIBE NATURE AND DATE(S) OF SERVICE(S) _____

INSURANCE OR PROVIDER REPRESENTATIVE/TITLE DATE